

Scoping child mental health workforce
capability – State and Territory Snapshots

South Australia

Regional data

**Emerging
Minds.**

National
Workforce
Centre for Child
Mental Health



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Scoping child mental health workforce capability

Why focus on workforce for children's mental health and wellbeing?

There are around four million children aged 0 to 12 years in Australia, and we estimate at least 500,000 (13%) are currently experiencing a mental health condition, while a further one million are currently at risk of developing mental health conditions. Demand for mental health support is growing in the context of access barriers and workforce shortages. The need to intervene early to support children's mental health is well recognised in policy. Equipping a broader workforce with the necessary skills to support children and families across the spectrum of mental health experiences, and the spectrum of practices, can play a significant role in prevention and early intervention.

How to create a picture of the current child mental health workforce need and supply?

The *Scoping child mental health workforce capability* project was undertaken to understand more about the existing workforce capability of Australian professionals to support child mental health, particularly in rural and remote areas of Australia. We collated data from a range of readily available sources to create a picture of the current child mental health workforce situation. Firstly, we sought to understand the number and distribution of children in Australian regions and estimate the prevalence of established and emerging mental health concerns. Secondly, we considered the workforce composition of a broad range of professionals to provide child mental health support from a prevention and early intervention perspective, and their respective distribution across Australia. Thirdly, we analysed existing workforce competency by drawing on Emerging Minds National Workforce Survey for Child, Parent and Family Mental Health survey data and findings from research into evidence-based core competencies that support improved child mental health outcomes.

Where to next with the findings of the project?

Stakeholder consultations with targeted industry experts complemented the collated data to inform recommendations for future workforce initiatives that considered the contextual issues across rural and regional Australia. Governments, commissioning bodies and organisations can draw upon the findings of the project and use regional data in these state reports to inform their own workforce capacity building with projects that respond to local context. For implementation support with enhancing child mental health systems which respond to the local context in your region, contact info@emergingminds.com.au

Key strands of the project included a focus on 3 key areas



Population need

Distribution of children aged 0-12 across Australia

Prevalence of mental health difficulties among children across Australia

Existing service use by children for mental health support across Australia



Workforce availability

Workforces available to provide infant and child mental health and wellbeing support

Distribution of these workforces across Australia

Current availability of these workforces to support child mental health



Workforce competency

Current competency and areas for workforce development in child mental health support

Core workforce competencies needed to enhance child and family mental health outcomes

Workforce development strategies to enhance the scope and skill level of the current workforce

Recommendations

The project resulted in a series of recommendations that describe the need for a collective, interlinked response to improving child mental health and wellbeing support, targeting change at the system level, and backed by ongoing implementation support.

The recommendations and proposed actions to improve rural and remote health equity (1), opportunities to increase the scope and flexibility of service delivery models to enhance existing services locally, including the expansion of primary health (2) and building locally grown child mental health generalist role(s), and a broader concept of the potential mental health workforce (3).

We recommend that these report recommendations need to be implemented with the local service system in mind and can be supported by System Designer roles employed within regions that can help coordinate initiatives and target local areas of need (4).



Recommendation 1 – Rural and remote equity

Expand and improve the coordination of rural and remote workforce recruitment and retention programs that are inclusive of a workforce to support child mental health, wellbeing and development.

- 1.1 Targeted rural and remote recruitment and retention financial incentives
- 1.2 Alternative models of service delivery to rural and remote communities
- 1.3 Recruit to Train rural scholarships



Recommendation 2 – Expanding primary care support

Expanding child mental health and wellbeing support in primary health/GP settings to facilitate enhanced early and multidisciplinary treatment in the primary care system.

- 2.1 Whole-of-Practice child mental health learning program
- 2.2 GP practice incentives
- 2.3 MBS items supporting multidisciplinary care teams



Recommendation 3 – Building capability for early intervention to meet mental health needs of Australian children

Grow the capacity of the generalist workforce by establishing new mental health and wellbeing early intervention roles within a tiered competency framework, informed by a task-shifting methodology.



Recommendation 4 – Embedding regional System Designer positions with centralised intermediary support

Establish a national network of System Designers to lead creation of multisector, place-based approaches to support children's mental health and wellbeing across the service spectrum, supported by an intermediary organisation and access to grant opportunities.



Statistics for Australia

Population need

Workforce availability

Workforce competency*



4,004,812 children aged 0-12 years



157,906 High opportunity specialists.
e.g. Psychiatrist, GP, Psychologist.



Moderate generalist-level child mental health competency.
Avg score 5.11.



216,450 Aboriginal or Torres Strait Islander children (5%)



980,672 High Opportunity Generalist/Med Opportunity Specialist.
e.g. Registered Nurse (Mental Health), AOD Counsellor, School Teacher.



Moderate specialist-level child mental health competency.
Avg score 5.09.



520,626 Children 0-12 years estimated to have mental health conditions (13%)



1,085,650 Med Opportunity Generalist.
e.g. Health Promotion Officer, Emergency Medicine Specialist, Police Officer.



Low competency working with Aboriginal and Torres Strait Islander families. Avg score 4.78.



11.4% Children's mental health at risk due to severe developmental vulnerability



6.78 hours average hours per child per year of specialist care available.



Low child mental health competency in disasters. Avg score 4.57.



Statistics for South Australia

Population need	Workforce capacity	Workforce competency
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260,540 children aged 0-12 years



260,540 High opportunity specialists. **Higher availability** than the national avg.
e.g. Psychiatrist, GP, Psychologist.



Moderate generalist-level child mental health competency. Avg score 5.05.
Similar to the national avg (5.11).



12,045 Aboriginal or Torres Strait Islander children (4.6%)



69,001 High Opportunity Generalist/Med Opportunity Specialist. **Slightly higher availability** than the national avg.
e.g. Registered Nurse (Mental Health), AOD Counsellor, School Teacher.



Moderate specialist-level child mental health competency. Avg score 5.00.
Similar to national avg (5.09).



31,047 Children 0-12 years estimated to have mental health conditions (11.9%)



88,757 Med Opportunity Generalist **Higher availability** than the national avg.
e.g. Health Promotion Officer, Emergency Medicine Specialist, Police Officer.



Low competency working with Aboriginal and Torres Strait Islander families. Avg score 4.75.
Similar to the national avg (4.78).



12.7% Children's mental health at risk due to severe developmental vulnerability



6.74 hours average hours per child per year of specialist care available. **In line** with the national avg (6.78 hours).

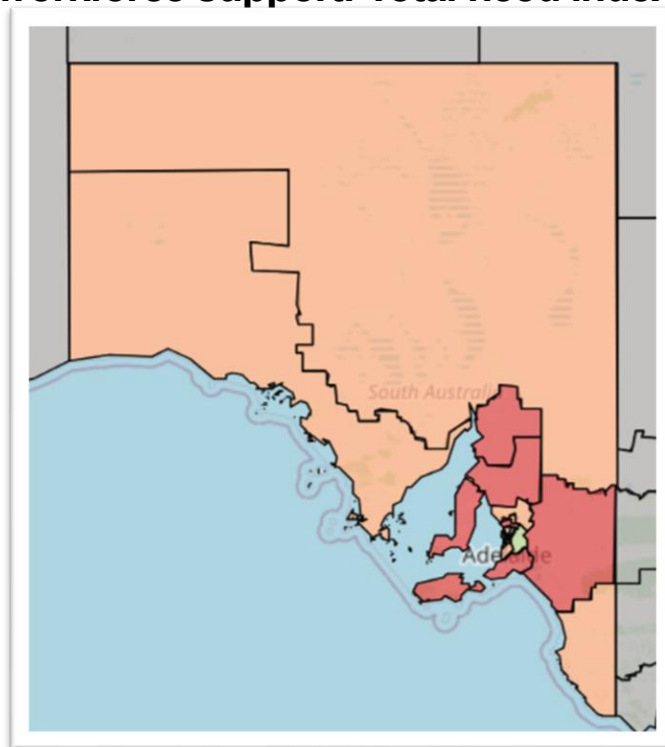


Low child mental health competency in disasters. Avg score 4.36.
Slightly lower than the national avg (4.57).

South Australia

All SA3 regions have need for child mental health support, and some regions have greater need compared to the national average. The access to specialist workforce in these regions varies.

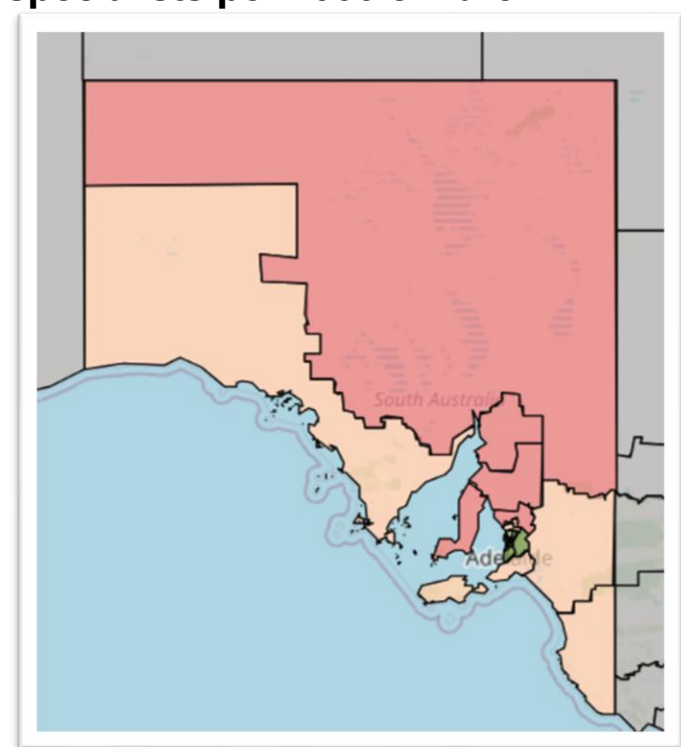
Need for child mental health workforce support: Total need index



Significantly Favourable Favourable Unfavourable Significantly Unfavourable

Compared to the national average

Workforce availability: High opportunity specialists per 1000 children



Low Priority Moderate Priority High Priority Extreme Priority

Compared to the national average

In summary

- The estimated prevalence of child mental health conditions in South Australia is similar to the national average, although the proportion of young children entering at risk of future mental health concerns is slightly above the national average.
 - 11.9% are currently experiencing a mental health condition
 - 12.7% of 5-year-olds are currently developmentally vulnerable to develop a mental health condition in later childhood
- The estimated workforce available to support infant and child mental health in South Australia has similar availability relative to the national average.
- Workforces in South Australia show moderate competence in child mental health but need support to build capacity in specific areas.
- See the following sections for more detail and potential areas for development.

Section 1

Child population

Data in this section

Geographical Classification



Statistical Area Level 3 (SA3)

Statistical Area Level 3 (SA3) is a method of geographically mapping data that fulfills the need to protect the confidentiality of children and families while also providing detailed data for a region. SA3 are Australian Statistical Geography Standard (ASGS) areas, comprising of 359 regions that map the whole of Australia. In large urban areas, SA3s are designed to closely align to local government areas (LGAs). SA3s in outer regional and remote areas represent regions that have similar socio-economic characteristics.

Child Population



Child population (grouped)

A child's needs are influenced by many factors, including their age. Key to understanding the needs of this population is knowing how many infants, children and adolescents live in Australia and in what regions they live.

Population data have been age-grouped as follows:

- 0 to 2 years
- 3 to 5 years
- 6 to 8 years
- 9 to 12 years



Child population (total)

Total population data for Australian children (0 to 12 years) gives essential context for understanding the needs of a population.

All population data have been obtained from the Australian Bureau of Statistics (ABS) 2021 Census of Population and Housing.

Service Considerations



Aboriginal and Torres Strait Islander Children

Supporting the health and wellbeing of Aboriginal and Torres Strait Islander children requires acknowledging their unique strengths and being aware of the considerations that need to be present in the support services available. Services must take a holistic approach that encompasses physical, mental, cultural and spiritual health when supporting Aboriginal and Torres Strait Islander children and families.



Language other than English spoken at home

Language spoken at home provides an understanding of ethnicity and cultural diversity across Australia. Cultural considerations are key to providing appropriate and effective support to children and families.

Adelaide – PHN401

	Child population					Service considerations	
SA3 Region	0-2 years	3-5 years	6-8 years	9-12 years	Total children 0-12 years	% 0-12s Aboriginal and/or Torres Strait Islander	% 0-12s language other than English spoken at home
Adelaide City	319	270	284	404	1277	2.0%	39.5%
Burnside	941	1394	1675	2410	6422	0.5%	35.5%
Campbelltown (SA)	1592	1791	1873	2482	7739	1.2%	35.6%
Charles Sturt	3717	3643	3561	4714	15630	3.1%	26.9%
Holdfast Bay	787	806	956	1384	3934	1.4%	14.9%
Marion	3089	3190	3205	4039	13526	2.3%	24.4%
Mitcham	1846	2094	2371	3299	9616	0.9%	16.8%
Norwood - Payneham - St Peters	942	1030	1109	1466	4552	0.5%	28.8%
Onkaparinga	5621	6005	6506	8858	26995	4.0%	10.3%
Playford	4458	4623	4743	6088	19910	7.3%	22.3%
Port Adelaide - East	3073	3034	2794	3443	12347	3.0%	47.1%
Port Adelaide - West	1953	1880	1878	2406	8116	5.7%	29.1%
Prospect - Walkerville	855	974	1027	1462	4323	1.1%	28.6%
Salisbury	5391	5656	5781	7670	24500	4.2%	38.6%
Tea Tree Gully	2998	3077	3466	4642	14190	2.4%	17.7%
Unley	954	1129	1199	1779	5055	0.5%	21.1%
West Torrens	1917	1888	1948	2446	8202	2.0%	30.5%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Country SA – PHN402

	Child population					Service considerations	
SA3 Region	0-2 years	3-5 years	6-8 years	9-12 years	Total children 0-12 years	% 0-12s Aboriginal and/or Torres Strait Islander	% 0-12s language other than English spoken at home
Adelaide Hills	2631	2778	2966	4328	12698	1.8%	8.9%
Barossa	1067	1232	1437	2077	5807	2.8%	6.5%
Eyre Peninsula and South West	1862	2061	2152	3039	9107	12.0%	11.8%
Fleurieu - Kangaroo Island	1232	1403	1569	2267	6472	4.2%	7.8%
Gawler - Two Wells	1181	1302	1383	2007	5866	5.3%	7.6%
Limestone Coast	2093	2096	2359	3381	9932	4.6%	11.8%
Lower North	650	716	754	1132	3258	5.1%	7.6%
Mid North	805	890	892	1300	3891	9.4%	10.6%
Murray and Mallee	2042	2209	2326	3245	9822	8.4%	13.7%
Outback - North and East	930	1020	1009	1260	4220	33.9%	25.1%
Yorke Peninsula	632	698	714	1085	3133	9.0%	9.0%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

In summary

- There is variation in the proportion of children resident across SA3 regions in South Australia, with greater numbers of children living in large outer suburban areas of Adelaide (e.g. Onkaparinga, Salisbury, Playford)
- But there is little variation in the proportion of child age groups across different regions in South Australia.
- There are fewer Aboriginal Torres Strait Islander children proportionally, in the Adelaide PHN regions and in several regions in Country SA PHN, than nationally and in other states and territories.
- However, there are higher than average proportions of children in families where a language other than English is spoken at home within regions of the Adelaide PHN.
- These results have implications for the design of appropriate services to meet the needs in each region.

Section 2

Child mental health need

Data in this section

Region Characteristics



Remoteness Areas

Remoteness Areas are a geographical classification consisting of five levels that provide a measure of relative geographic access to services.

- Major cities of Australia
- Inner regional Australia
- Outer regional Australia
- Remote Australia
- Very remote Australia



SEIFA IRSD score

The Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) considers the social and economic conditions of a population within a specified geographical area. The national average SEIFA IRSD score is 1000, with scores below this indicating relative disadvantage.

Current child mental health prevalence



Child and infant mental health

Children and infants may experience a range of mental health conditions that require both specialist and generalist support. Child and infant mental health estimates are not readily available by SA3s for children aged 0 to 12 years. As such, we modelled estimates based on scaled up ABS Census 2021 prevalence.



Mental health service and prescription use

Use of prescriptions for mental health medications and access to community mental health services among children are indicators of the current prevalence of child mental health in Australia.

Data relating to prescription and service use have been sourced from the Australian Institute of Health and Welfare (AIHW).

Child mental health risk



AEDC vulnerability domains

Australian Early Development Census (AEDC) shows the proportion of children who in their first year of school are developmentally vulnerable on two or more of the five domains measured. The domains are physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge.



Risk factors

Identifying and addressing risk factors that may contribute to mental health difficulties is key to supporting children. The average number of risk factors per child in an SA3 region has been calculated as an indicator of child mental health risk.

Total need Index



Total Need Index

The Total Need Index provides a measure of need for infant and child mental health support in an SA3 area. The Index uses data from seven indicators to generate a score ranging from 7 to 29. Higher scores indicate that children aged 0 to 12 years in that region have greater need for support.

Adelaide – PHN401

	Region characteristics		Current child mental health prevalence			Child mental health risk		
SA3 Region	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of Mental Health Conditions in 0-12s	Service Use - % 0-17s children with a MH prescription	Service Use - % 0-11s children with a Community MH service contact	% AEDC Vulnerability on 2+ domains	Average number of risk factors per child in region	TOTAL NEED INDEX (low 7 – high 29)
Adelaide City	Major Cities of Australia	1002	9.04%	5.39%	0.51%	13.25%	1.07	15
Burnside	Major Cities of Australia	1083	7.32%	3.21%	0.33%	7.19%	0.86	7
Campbelltown (SA)	Major Cities of Australia	1022	7.35%	2.88%	0.53%	11.09%	1.06	14
Charles Sturt	Major Cities of Australia	999	7.81%	3.44%	0.98%	9.25%	1.16	15
Holdfast Bay	Major Cities of Australia	1047	8.39%	4.07%	0.53%	7.26%	1.09	10
Marion	Major Cities of Australia	1008	10.31%	4.03%	0.76%	10.27%	1.15	14
Mitcham	Major Cities of Australia	1074	7.38%	4.53%	0.44%	6.17%	1.06	10
Norwood - Payneham - St Peters	Major Cities of Australia	1038	5.98%	3.20%	0.41%	10.06%	1.00	11
Onkaparinga	Major Cities of Australia	988	17.84%	5.96%	1.22%	12.18%	1.38	21
Playford	Major Cities of Australia	851	18.44%	6.42%	1.25%	20.71%	1.28	24
Port Adelaide - East	Major Cities of Australia	966	8.48%	2.80%	0.76%	13.21%	0.94	14
Port Adelaide - West	Major Cities of Australia	939	11.69%	3.46%	1.15%	12.93%	1.35	19
Prospect - Walkerville	Major Cities of Australia	1060	4.96%	2.80%	0.43%	9.04%	0.88	9
Salisbury	Major Cities of Australia	905	12.42%	4.42%	0.87%	15.54%	1.18	20
Tea Tree Gully	Major Cities of Australia	1031	13.95%	4.58%	0.74%	9.88%	1.26	16
Unley	Major Cities of Australia	1067	6.36%	4.02%	0.37%	7.61%	0.96	9
West Torrens	Major Cities of Australia	1017	6.64%	2.99%	0.55%	11.44%	1.04	14
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

Country SA – PHN402

	Region characteristics		Current child mental health prevalence			Child mental health risk		
SA3 Region	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of Mental Health Conditions in 0-12s	Service Use - % 0-17s children with a MH prescription	Service Use - % 0-11s children with a Community MH service contact	% AEDC Vulnerability on 2+ domains	Average number of risk factors per child in region	TOTAL NEED INDEX (low 7 – high 29)
Adelaide Hills	Major Cities of Australia	1059	9.16%	4.35%	0.98%	8.41%	1.08	14
Barossa	Inner Regional Australia	1005	16.05%	5.36%	0.70%	12.41%	1.16	19
Eyre Peninsula and South West	Remote Australia	939	8.51%	4.60%	2.92%	14.51%	0.98	21
Fleurieu - Kangaroo Island	Inner Regional Australia	980	16.31%	4.89%	1.85%	15.83%	1.25	22
Gawler - Two Wells	Major Cities of Australia	986	20.81%	6.86%	0.71%	13.49%	1.38	21
Limestone Coast	Outer Regional Australia	957	10.30%	5.31%	1.14%	12.92%	1.03	21
Lower North	Inner Regional Australia	960	12.66%	5.65%	1.29%	19.72%	1.12	22
Mid North	Outer Regional Australia	910	12.30%	7.22%	1.89%	17.70%	1.21	24
Murray and Mallee	Outer Regional Australia	919	15.62%	5.35%	4.50%	18.08%	1.19	24
Outback - North and East	Outer Regional Australia	882	7.62%	4.26%	2.27%	21.74%	0.93	19
Yorke Peninsula	Outer Regional Australia	936	9.48%	5.16%	1.72%	11.27%	1.21	22
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

In summary

- There is significant diversity of need within South Australia. Many of the major cities regions in Adelaide PHN show low levels of socioeconomic disadvantage. Estimated prevalence of child mental health conditions and developmental risk are highest in areas such as **Onkaparinga, Playford, Salisbury, Tee Tree Gully and Port Adelaide.**
- In Country SA, the estimated prevalence of child mental health conditions is variable across the SA3 regions, however high proportions of young children are severely developmentally vulnerable across the regions Country SA and this perhaps provides a broader picture of children's current mental health needs and risks of future mental health concerns in the PHN catchment. Areas of high need in Country SA include **Mid North, Murray and Mallee, Lower North** and **Yorke Peninsula.**
- The Total Need Index shows the specific regions of highest child need. In South Australia several regions score highly on this index with scores over 20.
- Region characteristics, child mental health prevalence and child mental health risk all interact to influence the mental health and wellbeing of the infants and children in a region. An investment in early intervention may address later increases in child mental health support.

Section 3

Workforce availability

Data in this section

Workforce Classifications



Group 1: High opportunity specialists

Specialists in infant and child mental health or specialists in mental health, who have a high level of opportunity to support or influence infant and child mental health and wellbeing in their role, e.g. psychiatrist, GP, psychologist.



Group 2: High opportunity generalist/Medium opportunity specialist

Generalist practicing professionals or generalist trained workers who have a high level of opportunity to support or influence infant and child mental health and wellbeing in their role; OR specialists in mental health, who have a medium level of opportunity to support or influence infant and child mental health and wellbeing in their role, e.g. registered nurse (mental health), AOD counsellor, school teacher.



Group 3: Medium opportunity generalist

Generalist practicing professionals or generalist trained workers who have a medium level of opportunity to support or influence infant and child mental health and wellbeing in their role, e.g. health promotion officer, emergency medicine specialist, police officer.

Measures



Workforce population (n)

Population data for the specialist and generalist child and infant mental health workforce provides essential context for understanding the support available in Australia. All population data have been obtained from the 2021 Census of Population and Housing.



Workforce population (standardised per 1,000 children)

The workforce population was standardised per 1,000 children to assist in the comparison and analysis of workforce availability across SA3 regions. Standardising shows how many children (0 to 12 years) are located in a SA3 region per specialist or generalist professional.



Weekly workforce hours available (standardised per 1,000 children)

Weekly workforce hours are a key indicator of infant and child mental health workforce availability. Standardising indicates how many hours specialist and generalist professionals have available each week to distribute across 1,000 children in a SA3 region.

Total Workforce Availability Index



Total Workforce Availability Index

The Total Workforce Availability Index provides a measure of availability of the workforce who can provide mental health and wellbeing support to infants and children in an SA3 region.

The index uses data from six indicators to generate a score ranging from 6 to 24. Lower scores indicate that the workforce in that region has lower availability to provide support.

Adelaide – PHN401

	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			
SA3 Region	n	per 1000 children	hours per week per 1000 children	n	per 1000 children	hours per week per 1000 children	n	per 1000 children	hours per week per 1000 children	TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)
Adelaide City	377	295	425	783	613	524	1198	938	40	18
Burnside	904	141	592	1808	282	870	2474	385	2073	21
Campbelltown (SA)	431	56	198	2412	312	1087	2820	364	1012	21
Charles Sturt	845	54	203	4612	295	1104	5843	374	2074	22
Holdfast Bay	375	95	242	1506	383	1074	1993	507	3659	23
Marion	732	54	208	4366	323	1250	6506	481	454	20
Mitcham	861	90	358	3252	338	1315	4011	417	2507	24
Norwood - Payneham - St Peters	610	134	517	1594	350	1036	2023	444	1747	23
Onkaparinga	756	28	117	7237	268	1156	9505	352	542	15
Playford	202	10	47	2928	147	759	3955	199	379	6
Port Adelaide - East	524	42	174	2712	220	882	4412	357	1317	18
Port Adelaide - West	294	36	117	2080	256	826	3046	375	2460	17
Prospect - Walkerville	481	111	476	1304	302	1034	1877	434	1478	23
Salisbury	439	18	74	4214	172	803	6728	275	813	8
Tea Tree Gully	494	35	138	4645	327	1336	5039	355	1826	22
Unley	638	126	514	1548	306	925	2195	434	1131	21
West Torrens	522	64	223	2620	319	1086	4152	506	1121	22
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

Country SA – PHN402

	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			
SA3 Region	n	per 1000 children	hours per week per 1000 children	n	per 1000 children	hours per week per 1000 children	n	per 1000 children	hours per week per 1000 children	TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)
Adelaide Hills	689	54	244	3649	287	1276	3918	309	294	20
Barossa	110	19	57	1415	244	930	1435	247	2844	12
Eyre Peninsula and South West	261	29	118	2515	276	1173	2310	254	338	14
Fleurieu - Kangaroo Island	180	28	60	1630	252	684	2434	376	376	11
Gawler - Two Wells	145	25	86	1642	280	1124	1624	277	1299	17
Limestone Coast	247	25	109	2381	240	927	2664	268	788	12
Lower North	79	24	74	763	234	817	750	230	1360	12
Mid North	103	26	121	1096	282	1032	1220	314	478	14
Murray and Mallee	213	22	82	2198	224	812	2678	273	896	11
Outback - North and East	104	25	84	1274	302	1297	949	225	2053	18
Yorke Peninsula	78	25	57	817	261	676	998	319	947	12
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

In summary

- Metropolitan regions with low disadvantage in South Australia show high availability of **workforces who can provide specialist child mental health support** (Group 1) compared to the national average, which is similar to other capital and highly populated cities across Australia. Conversely, many Country SA regions have low access to specialists.
- Stakeholder consultations indicate the national average level of accessibility of specialists is not optimal (even in capital cities), and so we also look to the availability of the **generalist workforce** to provide support. In Adelaide PHN, regions where specialists have higher availability, the generalist child mental health workforce (Groups 2 and 3) also tends to have higher availability. In Country SA, there is more availability of generalist workforce per 1000 children than specialists. These workforces could be drawn upon to fill service gaps and provide early intervention and prevention supports, although it is important to note they often have lower than average work hours so may represent a part time workforce.
- Regional planning could explore options to **connect access to specialists in Adelaide with other regions of South Australia to support limited local workforces and provide remote services to families**. As well, it is vital to **build the capacity and reach of local generalist workforces** to apply early intervention approaches in child mental health.

Section 4

Workforce competency

National Workforce Survey overview

In 2023, Emerging Minds conducted its biennial National Workforce Survey for Child, Parent and Family Mental Health, where the Australian health, social and community services workforce is invited to rate their capabilities across a range of workforce competencies essential for supporting children's mental health. Generalist competencies are those that any worker in these sectors can enhance to improve outcomes for children. Specialist-level competencies include more advanced skills for those with opportunity to respond directly to children's mental health concerns.

Key findings overall



- Two thirds of the survey said that supporting child mental health was an expectation of their job, but even those where it wasn't part of their job found themselves regularly supporting child mental health at work (57% said sometimes, often or always).



- Rural and remote areas need extra support, but show strength in adapting practice to their local context and working with Aboriginal and Torres Strait Islander families.



- Child mental health competency is moderate in some areas and low in others, and there is need for improvement across the workforce **especially in child mental health practice**.

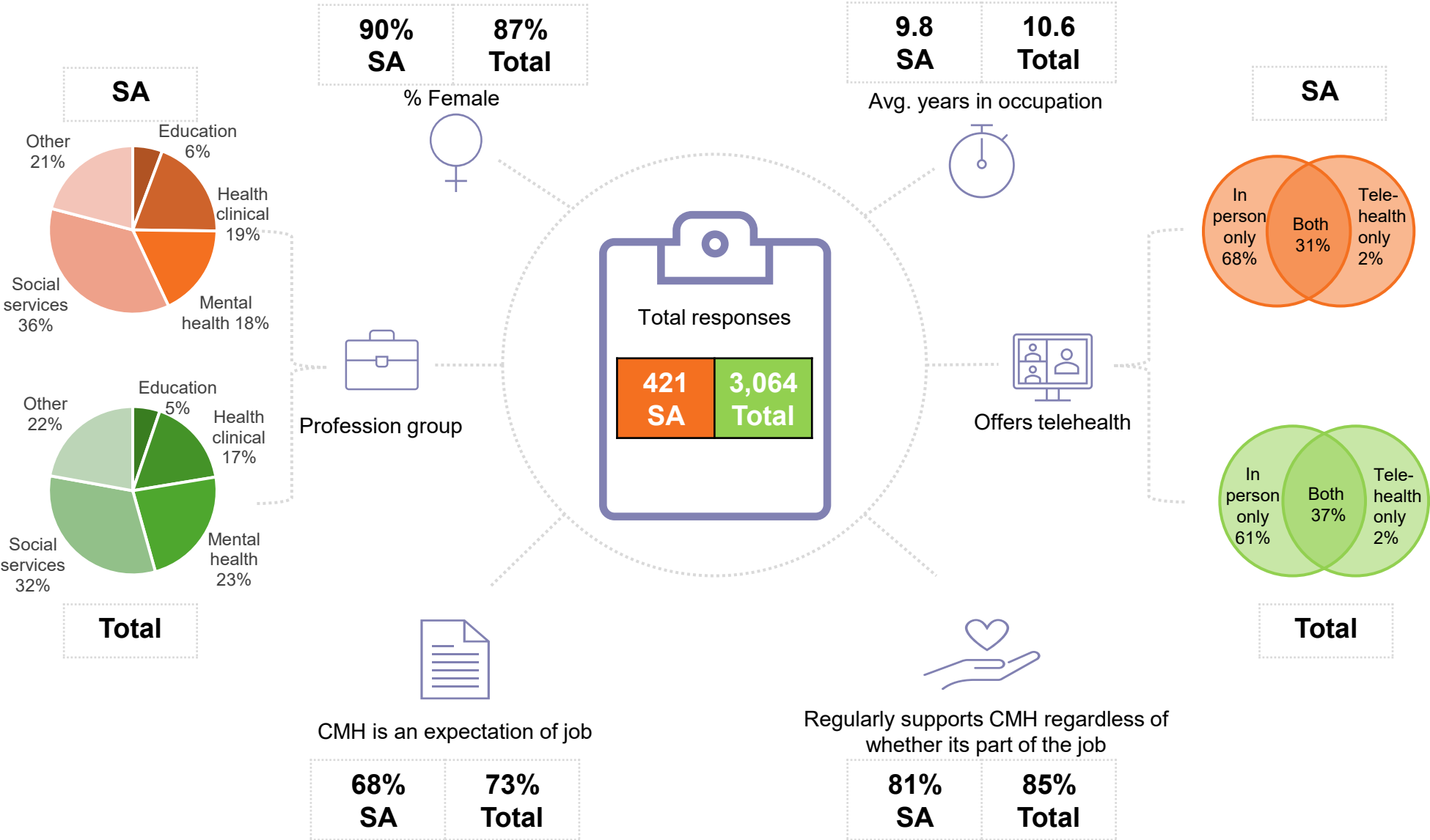


- Engagement in workforce development makes a significant difference in the level of competency in child mental health. Those who had completed training or used resources reported higher competence in all areas we measured.



- Most of the workforce has very low confidence in:
 - Working with Aboriginal and Torres Strait Islander families
 - Infant mental health
 - Understanding child mental health in the context of disaster.

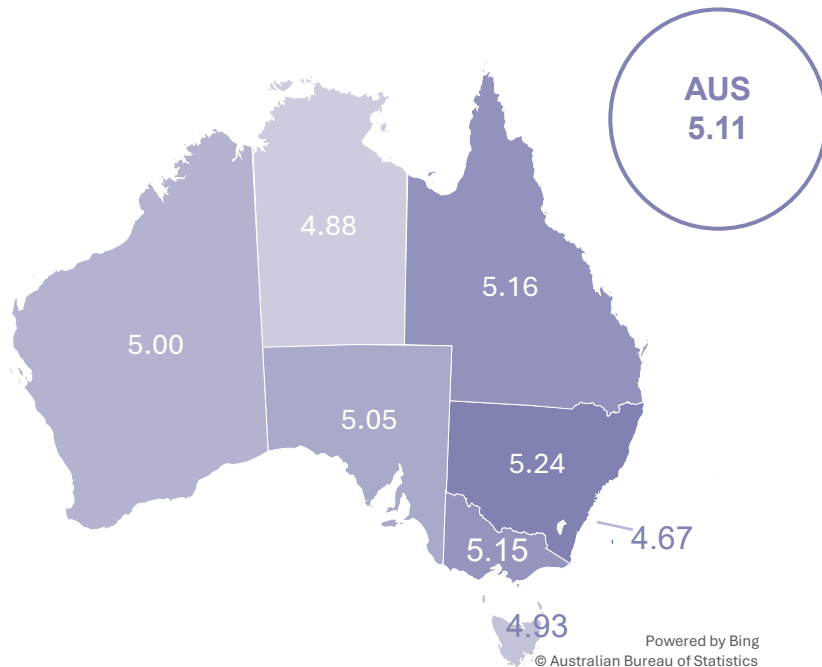
2023 National workforce survey sample



National Workforce Survey overview

In South Australia

Generalist child mental health competency scores in South Australia are similar to the national average



Clinical health professionals in South Australia rated their generalist child mental health competence lower than other profession groups, however showed moderate strength in specialist child mental health skills.



Educators in South Australia showed moderate confidence in many generalist child mental health competencies, but low confidence in working with Aboriginal and Torres Strait Islander children and families, infants and in engaging parents.



The mental health profession group showed the highest level of confidence, especially in some specialist skills. Both mental health and social services professionals in South Australia indicate moderate to high competency in several areas, although with room for improvement. Social services professions need support to improve capacity for specialist practices.

Competencies in child mental health

Generalist competencies for all practitioners

Survey questions offered to all respondents

Child-focused practice	Working in ways where child mental health is front of mind and is reflected in practices.
Assessment	Knowledge and confidence to identify children at risk of developing or who are displaying signs of emerging mental health concerns.
Workplace support	The work environment positively influences the chances of providing child mental health-promoting and family-focused practice.
Infant mental health	Understanding theory, infant mental health, the parent-child relationship, and providing support in the perinatal period.
Facilitating support	Knowing when and how to connect children and families with mental health support outside the immediate scope of practice, including external providers.
Working with Aboriginal and Torres Strait Islander families	Knowledge, confidence, skills and structures to adapt practice to better support Aboriginal and Torres Strait Islander families in ways that are culturally safe, centres culture and promotes healing.
Family resilience	Practices that reflect key components of the Family Resilience Model, including engaging family members to identify and draw upon strengths and collaboration.
Child mental health in the context of disasters	Understanding how disasters can impact on children's mental health and confidence to provide early intervention support to children and families affected by disaster.
Engaging parents	Skills focused on talking to parents about children's mental health, helping equip parents and examining the relationships between parents and children.
Trauma and adversity	Understanding theory of trauma responses and the impact of adversity on child development and mental health, working in trauma informed ways with children and families.

Specialist-level competencies for child mental health workforce

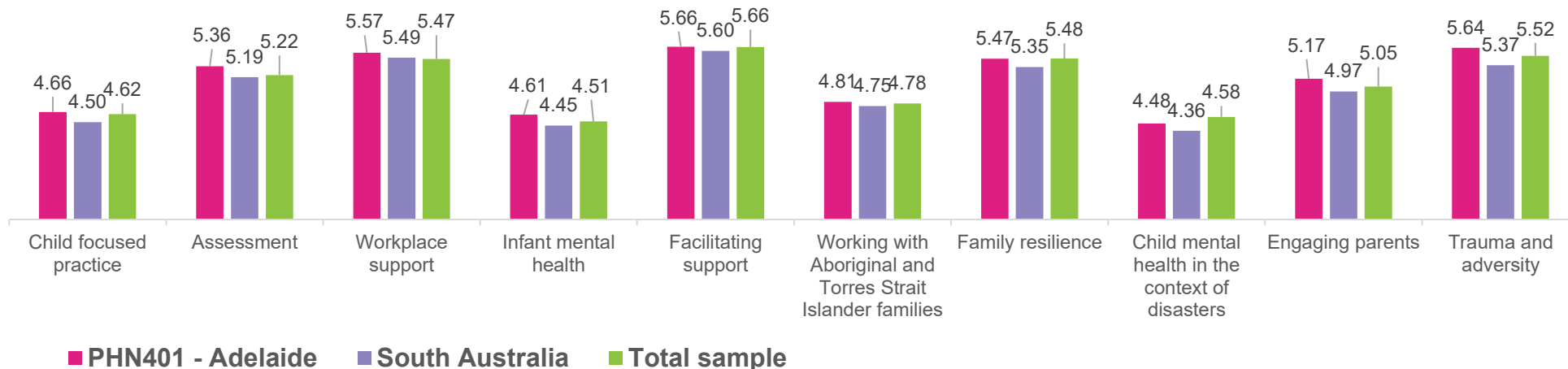
Survey questions offered to respondents who said child mental health was part of their job or that they find themselves regularly supporting child mental health.

Child mental health practice capability	High level knowledge and confidence to adapt mental health practice for children across a range of ages, stages and developmental needs.
Advanced child mental health practice	Skills to use professional discretion to employ components of evidence-based interventions and strategies for effective responses to children's mental health.
Specialist practice in disaster	Advanced practices that directly respond to mental health impacts of disasters in children.
Contextually driven practice	Skills and confidence to adapt practice to the environment and context in which the child's mental health develops, including the rural families and families with various cultural backgrounds.

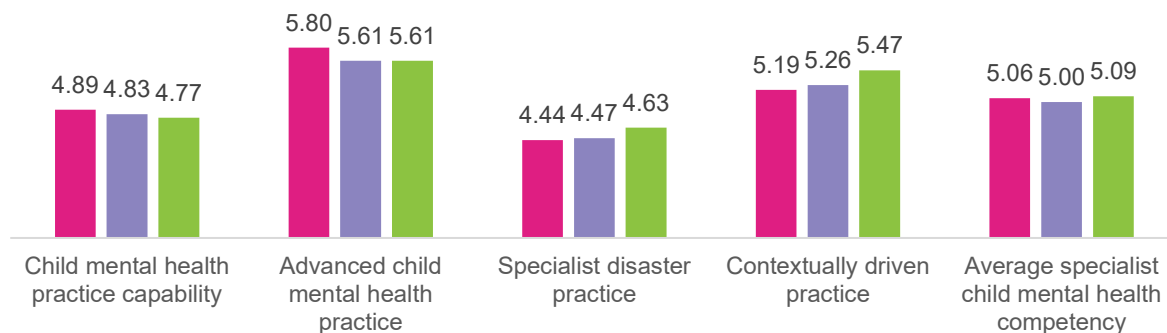
Adelaide – PHN401

240 total responses

Generalist competencies for all practitioners



Specialist-level child mental health competency average scores



Respondents rated their agreement with a range of competency statements using a 7-point scale from 'strongly disagree' – 'strongly agree'.

Scores are interpreted as follows:

1-4: lack of agreement indicating low competence

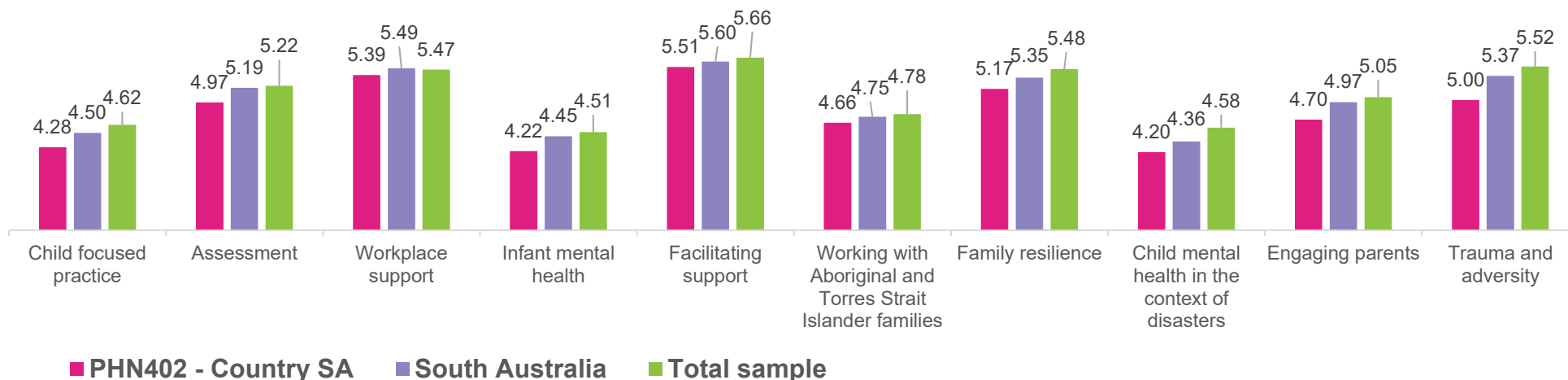
5-6: Moderate competence

6-7: High level of competence

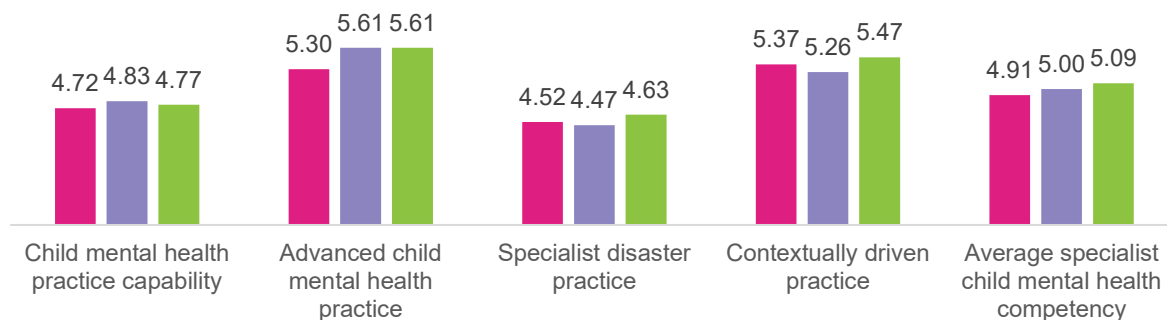
Country SA – PHN402

181 total responses

Generalist competencies for all practitioners



Specialist-level child mental health competency average scores



Respondents rated their agreement with a range of competency statements using a 7-point scale from 'strongly disagree' – 'strongly agree'.

Scores are interpreted as follows:

1-4: lack of agreement indicating low competence

5-6: Moderate competence

6-7: High level of competence

Generalist child mental health competencies

For all practitioners

Average competency scores out of 7, by South Australian PHN

		Child focused practice	Assessment	Workplace support	Infant mental health	Facilitating support	Working with Aboriginal and Torres Strait Islander families	Family resilience	Child mental health in the context of disasters	Engaging parents	Trauma and adversity
Adelaide – PHN401	N	186	201	176	173	202	159	118	150	199	181
	Mean	4.66	5.36	5.57	4.61	5.66	4.81	5.47	4.48	5.17	5.64
	Std. Dev.	1.79	1.23	1.51	1.66	1.33	1.51	1.50	1.62	1.43	1.44
Country SA – PHN402	N	134	148	127	125	149	116	86	105	147	131
	Mean	4.28	4.97	5.39	4.22	5.51	4.66	5.17	4.20	4.70	5.00
	Std. Dev.	1.82	1.45	1.43	1.83	1.43	1.47	1.55	1.58	1.57	1.67

Low competence	Moderate competence	High competence
1–4	5–6	6–7

Specialist child mental health competencies

For child mental health workforce

Average competency scores out of 7, by South Australia PHN

		Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
Adelaide – PHN401	N	108	112	106	108
	Mean	4.89	5.80	4.44	5.19
	Std. Dev.	1.43	1.08	1.45	1.22
Country SA – PHN402	N	64	67	60	68
	Mean	4.72	5.30	4.52	5.37
	Std. Dev.	1.50	1.39	1.43	1.47

Low competence	Moderate competence	High competence
1–4	5–6	6–7

Competencies by profession groups

Average competency scores out of 7, by South Australia

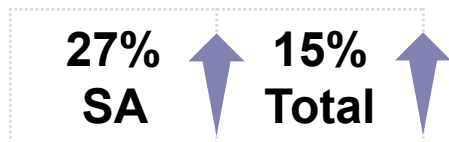
		Generalist competencies For all practitioners										Specialist competencies For child mental health workforce			
South Australian respondents by profession group		Child focused practice	Assessment	Workplace support	Infant mental health	Facilitating support	Working with Aboriginal and Torres Strait Islander families	Family resilience	Child mental health in the context of disasters	Engaging parents	Trauma and adversity	Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
Education (n=24) 7 school wellbeing/counsellors, 6 teachers, 5 EC educators, 2 childcare, 2 principals, 2 teacher's aids	N	22	23	21	16	23	16	12	17	22	21	15	15	13	14
	Mean	5.27	5.48	5.52	2.94	5.39	3.56	5.25	4.29	4.32	5.30	4.33	5.20	4.00	4.29
	Std. Dev.	1.32	1.24	1.08	1.53	1.41	0.96	1.14	1.05	1.37	1.40	1.45	1.42	0.82	1.07
Health – clinical (n=82) 45 nurses, 12 OTs, 5 midwives, 5 ATSI health workers, 3 speech path, 3 GPs, 1 paed, 8 other allied health	N	65	70	61	62	70	54	46	49	69	63	26	26	26	24
	Mean	4.22	4.69	4.84	4.39	5.03	4.56	4.91	3.94	4.62	4.76	4.96	5.31	4.42	5.63
	Std. Dev.	1.69	1.48	1.49	1.84	1.46	1.38	1.62	1.63	1.60	1.69	1.48	1.16	1.45	1.21
Mental health (n=75) 29 psychologists, 15 MH nurses, 9 MH social workers, 7 ATSI SEWB, 6 counsellors, 4 family therapists, 3 psychiatrists, 2 creative therapists	N	56	63	52	55	64	54	45	49	64	58	36	37	36	37
	Mean	5.00	5.54	5.65	4.98	5.86	4.72	5.71	4.71	5.53	5.97	5.33	6.35	5.08	5.62
	Std. Dev.	1.85	1.27	1.41	1.63	1.22	1.58	1.18	1.71	1.11	1.00	1.31	0.79	1.44	1.16
Social services (n=152) 47 social workers, 36 support workers, 17 child/family practitioners, 12 child protection, 12 youth workers, 6 ATSI consultants, 6 AOD, 6 FDV, 5 peer workers, 5 disability workers	N	123	134	120	117	134	107	79	100	132	121	74	78	70	78
	Mean	4.57	5.32	5.79	4.45	5.79	4.99	5.51	4.42	5.06	5.51	4.66	5.46	4.37	5.15
	Std. Dev.	1.78	1.27	1.41	1.68	1.26	1.42	1.57	1.60	1.55	1.66	1.48	1.27	1.46	1.36
Other (n=88) 30 program mgr/admin, 12 execs, 6 health promotion, 6 police/fire/paras, 3 students, 31 others	N	54	59	49	48	60	44	22	40	59	49	21	23	21	23
	Mean	3.83	5.02	5.39	4.40	5.62	4.84	5.00	4.35	4.81	5.17	4.71	5.57	4.10	5.22
	Std. Dev.	1.90	1.31	1.63	1.72	1.46	1.66	1.80	1.64	1.52	1.53	1.42	1.24	1.48	1.41
										Low competence 1–4		Moderate competence 5–6		High competence 6–7	

Impact of workforce development

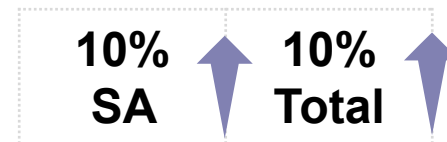
Survey findings indicate a relationship between engagement with Emerging Minds and improved child mental health workforce competency. Among the survey sample, 50% had actively engaged with Emerging Minds resources (called the *Exposed* group), a further 9% were just aware of Emerging Minds or had only used passive resources of the website and e-news (*Aware* group). The remaining 41% had not heard of Emerging Minds prior to taking the survey (*Control* group). Respondents in the *Aware* or *Exposed* group were statistically significantly more competent than those in the *Control* group across all the competency subscales we measured. Those in the *Exposed* group also showed higher levels of competency scores overall.



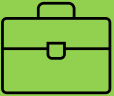
% Change in generalist
competency with
engagement with
Emerging Minds



% Change in specialist
competency with
engagement with
Emerging Minds



Impact of workforce development

	 % Had actively used Emerging Minds before	 % Found Emerging Minds resources highly relevant to their work	 % Learned something new from the Emerging Minds resources	 % Contact with Emerging Minds improved confidence discussing child mental health with families	 % Have been able to apply learning from Emerging Minds in their work
Adelaide – PHN401	59% (n=92)	91.0%	93.0%	75.4%	80.4%
Country SA – PHN402	45% (n=52)	91.9%	95.4%	78.2%	76.2%
South Australia	53% (n=144)	91.3%	93.8%	76.5%	78.7%
Total sample	50%	88.4%	92.2%	76.4%	79.8%

Summary for South Australia

- Among the South Australian sample, 68% indicated supporting child mental health is part of their job, a smaller proportion than other states and territories' samples within the survey. However, most South Australian respondents regularly find themselves supporting child mental health at work regardless of whether its part of their job. It is therefore **vitaly important to support this workforce in the work they are already doing**. There is also opportunity to increase child focused practice by supporting broader workforces to see their role in supporting children's mental health.
- South Australian respondents rated their generalist and specialist child mental health competencies similarly to the national average, indicating the same key areas for development as the broader workforce ***Working with Aboriginal and Torres Strait Islander families*** and generalist and specialist responses to children in the context of ***Disasters***, as well as ***Infant mental health*** and ***Child focused practice***. Specialist competency questions were answered by those already supporting children at work, and these respondents showed low confidence selecting and applying strategies as needed (***Child mental health practice capability***)
- Adelaide PHN respondents showed slightly higher than average competency scores and were strongest in Trauma and Adversity and Facilitating support. Country SA respondents rated their competencies slightly lower than South Australia overall and the broader national sample, however showed moderate strengths in the capacity to adapt practice to the child's local environment (***Contextually driven practice***) was higher than average, which is consistent with respondents from other rural and remote areas in Australia.
- South Australian users found Emerging Minds learning and practice resources effective and useful, with respondents who had actively engaged with resources demonstrating drastically improved competence and confidence, especially in generalist child mental health skills.

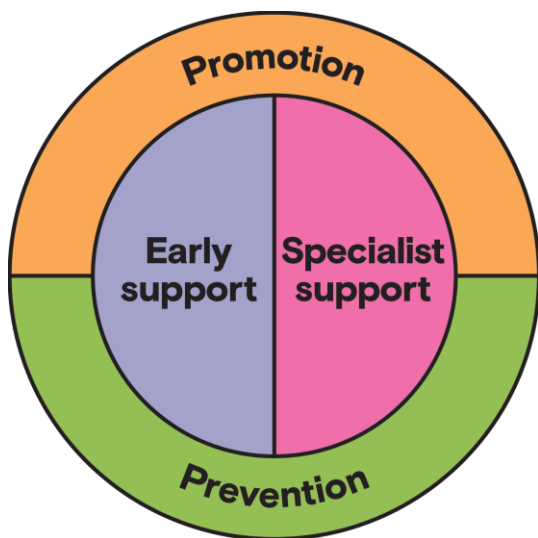
Section 5

Conclusion

Conclusion

Creating a comprehensive child mental health system

Workforce development and training is part of the broader solution for creating a system of care which promotes and responds to children's mental health. There are opportunities to enhance the system by embedding promotion and prevention across all levels influencing changes in practice specific to workforce groups. Sector consultations highlighted the need for supportive funding models and dedicated focus on early intervention and prevention. As with other findings in this report there is a call among stakeholders for system level responses, beyond a focus on practitioner change, that allow for adaptation in local contexts.



For service providers delivering universal and targeted guidance and support on health, child development and parenting.

- Increase access for families to information about children's mental health development
- Normalise conversations about children's mental health and wellbeing
- Create shared language about child mental health
- Increase partnerships with children and families using [Emerging Minds Families](#)



For service providers providing support to adults, families and children who are experiencing health, relationship, social and financial stressors.

- Address known child mental health risk factors
- Consider and provide support around the impact of parent and family adversity on child mental health and wellbeing
- Build family agency using [PERCS](#) and [Getting through tough times](#) resources.



Professionals delivering early intervention support for emerging mental health difficulties.

- Deliver multidisciplinary care to address emerging mental health difficulties
- Improve identification and low intensity support using [Emerging Minds Learning](#)
- Provide anticipatory guidance
- Provide support before/while referring



Professionals delivering specialised mental health support for infants and children experiencing severe and/or persistent mental health difficulties.

- Enhance infant and child mental health practice using [Practice strategies courses](#) and [Practice strategies suite for infants and toddlers](#).
- Support family agency
- Improve competency in disaster practice using [Supporting infants and children in disasters: A practice guide](#).
- Increase access to specialist secondary consultation
- Embed health promotion and prevention activities in practice.

Conclusion

Summary for South Australia

Current situation for child mental health workforce support

South Australia has a diverse range of child mental health need, with significant disparity between regions close to the major city and country areas. Culturally responsive services are needed in all regions and are especially relevant in some parts of outer regional and remote South Australia. However, practitioners in South Australia report confidence ***Working with Aboriginal and Torres Strait Islander families***.

Specialist practitioners in a position to provide child mental health services are maldistributed and concentrated in metropolitan regions. Generalist workforces who could provide early intervention and prevention support have greater availability in areas where specialist supply is low in Country SA. This offers an opportunity to draw upon these workforces for prevention and early intervention for children and families. This workforce often also have low availability or are at risk of being overworked to help meet the need of local children and families. Child mental health workforce competence in South Australia is similar to than the national average, although in most generalist and specialists competencies this is still at the moderate level overall showing room for improvement. There are areas of competence that are especially in need of addressing in South Australia, as with other jurisdictions including **Child focused practice**, generalists and specialist **responses to children in a disaster**, and **infant mental health**. Practitioners already working to support child mental health also need support to improve skills in selecting and adapting aspects of **specialist child mental health practice** for the children they work with. Strengthening child mental health competence more broadly is **especially important for clinical health professional workforce**.

Potential priority regions

Country SA PHNs showed high levels of widespread workforce shortage in child mental health workforces, as well as higher need for services, although some areas present opportunity to learn more about generalist workforces in the regions.

Key opportunities for development

There are opportunities to increase capacity in the workforce across all PHNs in South Australia, this might include mobilizing and upskilling generalist workforces in areas where Group 2 and 3 workforces are more readily available than specialists in Country SA. Creative approaches which use city-based specialist to support regional workforces, such as secondary consults and supervision may provide more confidence. A focus on locally grown workforces and recruitment may help increase the availability of services in the country, and increase the number of service hours available. Areas with high levels of need and mismatched workforce could also be an opportunity for reach out regarding workforce development. Emerging Minds organisational support can inform strategies that improve child mental health systems.

Adelaide PHN– PHN401

Current situation for child mental health workforce support

There were **186,334 children** aged 0-12 years resident in Adelaide PHN catchment area in the 2021 Census. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in regions around Adelaide is in line with or more favorable than the national average which is consistent with other regions around capital and highly populated cities in Australia. However, the extent of need for child mental health support varies across SA3 regions.

Key opportunities for development

Most SA3 regions in Adelaide PHN had workforce availability that is estimated to be able to meet or exceed the need in that local area, however four regions showed a mismatch between the local workforce and the need: **Onkaparinga, Salisbury, Port Adelaide – West**, and most notably **Playford** which had **extreme levels of disparity of workforce availability and child need**. High concentrations of workforce were in affluent areas of Burnside, Mitcham and Prospect-Walkerville. National workforce survey respondents from Adelaide PHN ($n=240$) rated their child mental health similarly and slightly higher than the national average across multiple domains. Adelaide respondents showed moderate confidence referring and providing information (**Facilitating support**) and in **Trauma and adversity**. Key areas for development were similar to the broader national workforce – Child focused practice, **responding to Child mental health in disasters and Infant mental health Working with Aboriginal and Torres Strait Islander families**. Emerging Minds' learning and practice resources were highly effective, relevant and applicable to the work of Adelaide users.

Comments made in this report are based on available data and represent estimates of child mental health need as compared to estimates of workforce availability that have been adjusted to the child population in that region. These data come with limitations and cannot describe the nuanced context of every region. It is important to also understand the competence of the local workforce to support children and families, and their capacity to do so within the systems they work in. This indicative data can form part of broader workforce and systems development strategies which recognise local context and needs.

Get involved

Emerging Minds is working with sectors and organisations around Australia to improve the capacity of systems to support children and families. We can advise on workforce development strategies, support regional planning and offer learning and practice resources to help build capacity in your region. We would love to talk with you about improving child mental health services and support in your region. **Email us info@emergingminds.com.au and sign up to [e-news](#) for the latest updates. Download the [Scoping child mental health workforce capability report](#).**

Country SA – PHN402

Current situation for child mental health workforce support

There were **74,206 children** aged 0-12 years resident in Country SA PHN catchment area in the 2021 Census. The availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in most regions of Country SA is lower than the national average, especially in the **Barossa** region. However, there is also a high level of need across many Country SA regions with higher than average developmental vulnerability and increased rate of community mental health service utilisation by children. Workforce estimates suggest **generalist workforces may be available to assist with children accessing early and specialist support**.

Key opportunities for development

Nearly all SA3s located in Country SA PHN had higher child need than what the estimated local workforce availability across our three workforce classification groups could meet. **Murray and Mallee** showed the greatest level of disparity of workforce availability and child need, and others with the highest disparity included Fleurieu – Kangaroo Island, Mid North, Lower North and Yorke Peninsula. National workforce survey respondents from Country SA ($n=141$) rated their child mental health competence similar to slightly lower than the national average on most domains. Respondents showed **strengths in adapting specialist practices to the unique environment of the child, including rural contexts (Contextually driven practice)**. Key areas for improvement where Country SA respondents reported low competence were Child focused practice, Infant mental health and **Working with Aboriginal and Torres Strait Islander families. Generalist and specialist skills in disasters** are also important given the increased risk of disasters in these regions. High proportions of Emerging Minds users in Country SA found the resources useful, showed higher competence and were able to apply learnings to their work.

Comments made in this report are based on available data and represent estimates of child mental health need as compared to estimates of workforce availability that have been adjusted to the child population in that region. These data come with limitations and cannot describe the nuanced context of every region. It is important to also understand the competence of the local workforce to support children and families, and their capacity to do so within the systems they work in. This indicative data can form part of broader workforce and systems development strategies which recognise local context and needs.

Get involved

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Methodology

Data collection and analysis

Data sources that could answer the research questions were identified and accessed where possible. Data available at a regional level was required to be able to inform policy responses that enhance workforce competency in supporting children's mental health, with a particular focus on addressing the needs of rural and remote communities. SA3 regions were selected as the base boundary for reporting to support consideration of local context, while maintaining confidentiality of children and families.

Population level data sources including Australian Census of Population and Housing and Australian Early Development Census were key sources for the population need and workforce availability streams due to their coverage of the population and recency of completion (2021). Emerging Minds' National Workforce Survey was the primary data source for workforce competency (see box). Due to a lack of benchmarks, the national average was used to allow for comparison among regions.

Prevalence of child mental health conditions in regions was modelled by Emerging Minds by scaling up underestimation prevalence data from the 2021 ABS Census to align with a national child mental health conditions prevalence of 13% found in research literature.

Total Need Index and **Total Workforce Availability Index** were calculated for each region by assigning a score of 1 to 4 for each included indicator, based on that indicator's quartile relative to all other regions. The scores for the included indicators were then totalled for that region to create an overall Index score.

Evidence review

Desktop research of grey and peer reviewed publications (including citations and secondary sources) was conducted using broad search strategy, identified risk and protective factors as well as international workforce models for relevance to Australian context and the project research questions.

Review of evidence-based frameworks informed development of a competency framework for child mental health competencies. This framework acknowledges the continuum of mental health, transdiagnostic lens and children's development.

Stakeholder consultation

National and state-level stakeholders were identified who could provide systems-level insights into the child mental health workforce. Over 60 individuals from government, non-government and industry sectors participated in interviews and focus groups discussing barriers and enablers of good child mental health practice and opportunities for innovation. Lived experience insights were gathered from Emerging Minds' Family Forum.

Recommendations and engagement

Broad system-level recommendations were developed from analysis of findings and implications from data; literature review; review of government policies and workforce development strategies; and stakeholder consultation. Findings and recommendations were reported to the Department of Health and Aged Care.

Data and findings are being disseminated to sector stakeholders to help inform local and regional level responses.

Ethics

Human research ethics approval for this project has been received from the Monash University Human Research Ethics Committee as an amendment to the National Workforce Centre for Child Mental Health evaluation (Project ID 30181).

National Workforce Survey for Child, Parent and Family Mental Health.

The second National Workforce Survey for Child, Parent and Family Mental Health (the Survey) was released on 15 August 2023 and closed on 17 November 2023.

A total of 3,064 responses were received from client-facing and non-client facing workers in over 50 professions from health, social and community service sectors in Australia.

The Survey comprises several sections in which respondents are questioned about their work role, modes of delivering services and work locations, engagement with Emerging Minds, and demographics. Several sections of competency statements asked respondents to self-rate their competence by indicating their agreement with the statement on a scale of 1–7 (where 1 = strongly disagree and 7 = strongly agree). High levels of agreement with statements, i.e. scores of 6 or 7 were interpreted as high workforce competency.

Questions on generalist competencies were available for any respondent to answer, while questions on specialist competency were only visible to those who indicated that supporting child mental health was a regular or intended part of their work.

Dissemination of the survey was supported by promotion through Emerging Minds e-news, social media, and website, and in presentations, as well as through engagement with key organisations and stakeholders. Around 100 stakeholders helped disseminate the survey to their networks.

Participation in the Survey was incentivised by the opportunity to win one of five iPads over two draws. Survey responses were anonymous.

Survey questions were informed by workforce competency research and were co-designed with internal and external subject matter experts including Emerging Minds' National Aboriginal and Torres Strait Islander Consultancy Group

Quantitative data was analysed with IBM SPSS Statistics 27. Exploratory factor analysis identified competency subscales as presented in this report.

Footnotes

1. The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health and Aged Care under the National Support for Child and Youth Mental Health Program. The NWC was additionally contracted by the Department of Health and Aged Care to undertake the Scoping the child mental health workforce project.
2. National workforce survey respondents were considered actively engaged with Emerging Minds if they had accessed one or more of online course, short article or research paper, webinar, podcast or toolkit. Percent of respondents refers to respondents who answered 5, 6, or 7 out of 7 for the impact questions included in this report.
3. Population need sources.
 - i. Australian Bureau of Statistics (ABS). (2021). *Population: Census*. ABS.
 - ii. Australian Early Development Census. (2021). *Australian Early Development Census national report 2021*. Australian Government Department of Education.
 - iii. Emerging Minds modelled child mental health estimates based on scaled up ABS Census 2021 prevalence.
4. Workforce availability sources.
 - i. Australian Bureau of Statistics (ABS). (2021). *Hours worked (HRSP)*. ABS.
 - ii. Australian Bureau of Statistics (ABS). (2021). *Occupation (OCCP)*. ABS.
 - iii. Emerging Minds developed the Workforce Classification Framework to conceptualise the child mental health and wellbeing workforce for the Workforce Stocktake project.
5. Workforce competency sources.
 - i. National Workforce Survey 2023.
6. Geographical classification sources.
 - i. Australian Bureau of Statistics (ABS). (2021). *Statistical Area Level 3*. ABS.
7. Child population sources.
 - i. Australian Bureau of Statistics (ABS). (2021). *Population: Census*. ABS.
8. Data consideration.
 - i. A notable limitation to using place-based data is that those who selected 'No Usual Address' in their census response are not captured in PHN data. Place of enumeration and place of usual residence census datasets have been used to ensure as many people as possible are represented in this report. We acknowledge that workforce may provide services outside their SA3 of residence. We also acknowledge that housing insecurity has a significant impact on child and family mental health and wellbeing. We can all play a role in supporting families who are navigating housing insecurity. Data within this report should be interpreted with caution.
9. Service considerations sources.
 - i. Australian Bureau of Statistics (ABS) (2022). *Cultural diversity of Australia*. ABS.
 - ii. Australian Bureau of Statistics (ABS). (2021). *Language used at home (LANP)*. ABS.
 - iii. Australian Bureau of Statistics (ABS). (2021). *Population: Census*. ABS.
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16. Total workforce availability index.
 - i. Calculated by Emerging Minds to summarise the extent to which each included indicator deviates from the national average.

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The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health and Aged Care under the National Support for Child and Youth Mental Health Program.

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